

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1583427

Vendor Name: Elevate Healthcare, Inc.

Check Details:

Check Number: E0106371

Check Amount: \$ 2,842.00

Check Date: 3/18/2025

Invoice Details:

Invoice Number: INV000000177674

Invoice Date: 1/12/2025

PO Number: P0014501

Voucher Number: V0878362

Document Type: AP Invoice

Document Below

Invoice Date: 11/13/24
Due Date: 1/12/25
Payment Terms: NET60
Delivery Terms: FOB: N/A
Order Date: 11/5/24
Sales Order Number: SO00134789
Purchase Order ID: P0014501

Elevate Healthcare Inc (Payment Address)

LOCKBOX: 32955 Collection Center Dr Chicago, IL 60693

INV000000177674

Customer ID: 12

Sales Representative: Higgins, Jarrett

Customer Contact: invoicing@cod.edu



Bill To Address:

College of Dupage
Accounts Payable
425 Fawell Boulevard

Glen Ellyn, IL, 60137-6599

Ship To Address:

College of Dupage
425 Fawell Boulevard

Glen Ellyn, IL, 60137-6599

Order Notes:

Packing Slip ID:

Inv Ln	SO LN NO	Item ID	Description	National Stock Number ID	Model ID	Order Quantity	Quantity Invoiced	UOM	Net Unit Price Amount	Line Charge Amount	Tax	Tax %	Invoice Line Total
1	1	WAR-ARE13-2	Express Warranty Plan for Ares Advanced & Complete	WAR-ARE13-2	ARES1276	1	1	YR	\$2,842.00	0	N	0.00%	\$2,842.00
Subtotal:													\$2,842.00
Tax:													\$0.00
Total Amount Due:													\$2,842.00

Please include Customer ID & Invoice Number with payment, otherwise it will delay remittance to your account. Elevate Healthcare reserves the right to charge an applicable credit card surcharge on the total transaction amount on payments made with a credit card. No surcharge shall apply to any payments made via wire, check, or debit. The surcharge will not apply in states or regions which otherwise do not permit such charges. For payments made with a credit card, a surcharge of 3% of the total transaction amount will apply.

Invoice Inquiries Contact:

Att: Accounts Receivable
srqaccountsreceivable@Elevatehealth.net
Phone#: 941-536-2861

Corporate Address:

Elevate Healthcare
6300 Edgelake Drive, Sarasota, FL 34240

Wire Information:

BANK OF AMERICA
Elevate Healthcare Inc
Account #: 4426953821
Routing #: 026009593
Swift Code: BOFAUS3N - CHIPS Number 0959

ACH Information:

Elevate Healthcare Inc
Account#: 4426953821
Routing#: 111000012
BANK OF AMERICA
1401 Elm Street 2nd Floor, Dallas TX 75202

Registration Information:

Elevate Healthcare Inc Tax Payer ID # 22-3437089
California Reg# SR S OHC 100-161527
Canada GST# 86624-2530-RT-0001
British Columbia Business# 86624-2530
British Columbia PST# 1008-2848
Saskatchewan PST# 416990
Manitoba RST# 86624-2530-MT-001
Quebec QST# 1213251062

Past due accounts will be charged a finance charge at the rate of 1% per month.

"Lang, Jessica" <langj@cod.edu>

Elevate INV#INV000000177674 \$2,842

"Lang, Jessica" <langj@cod.edu>

Fri, Mar 14, 2025 at 01:23 PM UTC

CC:

BCC:

Jessica Lang

Program Support and Admissions Specialist, Health Sciences

College of DuPage | 425 Fawell Blvd | Glen Ellyn, IL 60137

630.942.2447 Direct | 630.942.8331 Office | 630.942.4222 Fax

langj@cod.edu

1 attachment

Elevate INV#INV000000177674 \$2,842 - sent to AP 3.14.25.pdf